

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 95655

January-16-13 8:36:06 AM

95655

Page 2

Item ID: D2002-015

Accept

N9000040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Knob

Start Date: 1/16/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 1/30/13 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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120 QC8- Inspect parts - second check

0.00

120

QC

Memo

0.00

13-2-2

20

DAS
13
8-89

Quality Control

130 Identify as per dwg & Stock Location GA

0.00

130

Packaging

Memo

0.00

Packaging

13/02/14 (20)

140 QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

13/2/15

13-02-4

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Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Picklist Print

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Page 1

Work Order ID: 95655

95655

Parent Item: D2002-015

D2002-015

Parent Item Name: Knob

Start Date: 1/16/13

Required Date: 1/30/13

Start Qty: 20.00

Required Qty: 20.00

Comments:

IPP C00.05.18Added inspection level 8EC

IPP Rev:D Now on Doosan Lathe JLM Verified By:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MDELRINR1.2500		Purchased		No			f	15.3400		1			

MDFI RINR1 2500

DELIN ROUND BAR 1.25"

**

Location

Loc Qty

Loc Code

MAT018

15.34

119133

1.84

121971

0.06

122582

13.44

13-2-1 (DAS 04 9-89)

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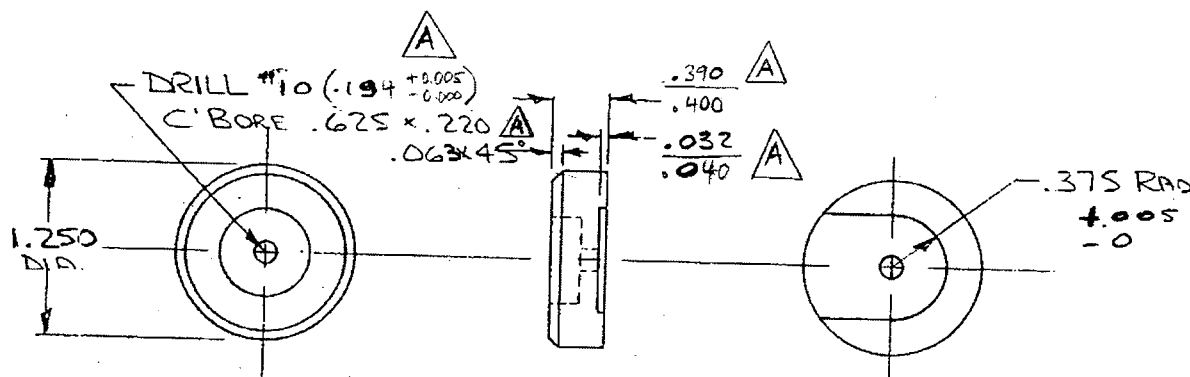
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<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
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<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

RELEASED

79.12.09 DS



DETAIL OF D2002-015

NOT COPY
FOR INTO
ENGINEERING
CONTROLLED COPY
FOR AMENDMENT
NOTICE
ORDER
95.655 ML5
13-01-16

4/F: BLACK DELRIN OR
BLACK UHMW PER D2689

<p>REVISION</p> <p>APPROVED</p> <p>OF</p> <p>CHANGE</p>		<p>THIS DRAWING IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT THE PERMISSION OF DART AERO.</p>		<p>RIVET CODE SHALL BE PER NAS 622</p>		<p>QTY REQUIRED</p>		<p>PART NO.</p>		<p>ITEM</p>		<p>DESCRIPTION</p>		<p>MATERIAL</p>		<p>SPEC/VENDOR</p>	
<p>REQUIREMENTS — UNLESS OTHERWISE SPECIFIED</p>		<p>GENERAL</p>		<p>DETAILS</p>		<p>APPROVAL</p>		<p>CONTRACT NO.</p>		<p>DATE</p>		<p>CLIENT</p>		<p>TITLE</p>		<p>CODE</p>	
<p>1. DIMENSIONS ARE IN INCHES</p> <p>2. SURFACE FINISHNESS 125</p> <p>3. REMOVE SHARP EDGES 0.015 MAX</p> <p>4. TYPICAL PER MIL - 3 - 7147</p> <p>5. HOLE PER HAN 1087</p>		<p>1. TOLERANCES — SEE 1 030</p> <p>2. ANGLES 30X 1 010</p> <p>3. PARALLELISM 8 01</p> <p>4. ECCENTRICITY 8 005</p> <p>5. SYMMETRY ABOUT ALL HVC CENTRE LINES 005</p>		<p>5. DIMENSIONS OF SHEETS</p> <p>6. COUNTERSINK</p>		<p>7. LENGTH DIMS NO 010/010/010</p>		<p>8. BASIC CODES</p>		<p>9. DIMENSION 1040</p> <p>10. DIMENSION 1040</p>		<p>11. DIMENSION 1040</p>		<p>12. DIMENSION 1040</p>		<p>13. DIMENSION 1040</p>	
<p>REPORT ALL DISCREPANCIES — DO NOT SCALE</p>																	



D2002-015